MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05585

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Patuxent River
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, U.S. Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural, give location) 11 Taylor Place

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Ellen (Last) ALLEN

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9 February 1952

9. AGE last birthday: yrs.
IF UNDER 1 YEAR Months 3 Days 3
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child

10b. KIND OF BUSINESS OR INDUSTRY: child

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Enoch Little ALLEN 621 85 30 AT-1/USN

14. MOTHER'S MAIDEN NAME: Evelyn Louise JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: U.S. Navy Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital Heart disease

754.4

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Anoxia — 15 minutes

DUE TO (c) Congenital Heart Disease

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX that I last saw the deceased alive on 12 May 1952 and that death occurred at 8:31 P.m., from the causes and on the date stated above.

SIGNATURE N.V. White (DEGREE OR TITLE) N.V. WHITE LT MC USN ADDRESS USNAS, Patuxent River, Maryland DATE SIGNED 13 May 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-14-52

NAME OF CEMETERY OR CREMATORY Holy Face Cemetery

LOCATION (City, town, or county) Great Mills (State) Md.

DATE REC'D BY LOCAL REG. 5-23-52

REGISTRAR'S SIGNATURE Frank G. Considine

24. FUNERAL DIRECTOR R.B. Robinson ADDRESS Leonardtown Md.

202254404 P.J. Bean M.D.

RECEIVED
MAR 23 1952
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [0]5586

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A. 8-51

1. PLACE OF DEATH:
COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Leonardtown
LENGTH OF STAY (in this place) 4 months 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE M — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 1805 Kenyon St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) E (Last) Bowman

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct 22 1874

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months 6, Days 20; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Kept house for self

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mass Lynn Essex

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W. Goldthwaite

14. MOTHER'S MAIDEN NAME: Olive J. Caldwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS Mrs W H. Herwig

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 6 mos

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerosis c v disease — 5 yrs

DUE TO

(c)

4221

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to May, 1952, that I last saw the deceased alive on May 11, 1952, and that death occurred at 6:20 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Roy Griffith, M.D. ADDRESS Leonardtown DATE SIGNED 5/12/52

23. BURIAL, CREMATION, REMOVAL (Specify): cremation

DATE THEREOF May 14 1952

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) Suitland (State) Washington DC

DATE REC'D BY LOCAL REG. 5-13-52

REGISTRAR'S SIGNATURE O J Beany M.D. Local Registrar

24. FUNERAL DIRECTOR Jos C Mattingley ADDRESS Leonardtown Md

RECEIVED
MAY 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05587

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
LENGTH OF STAY (in this place) 7 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS INFIRMARY U.S. Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Va. COUNTY Richmond
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Richmond
STREET ADDRESS (If rural, give location) 618 North 38th. Street

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Mason (Last) Campbell

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 10-21-19
9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. NAVY
10b. KIND OF BUSINESS OR INDUSTRY: U.S. NAVY
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Lee Campbell
14. MOTHER'S MAIDEN NAME: Dorothy Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: U.S. NAVY FILES

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) INJURIES, MULTIPLE, EXTREME — INTERVAL BETWEEN ONSET AND DEATH: None

DUE TO

860.8

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) USNAS
(CITY OR TOWN) Patuxent River (COUNTY) St. Mary's (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-29-52 1745 M.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Aircraft Accident

22. I hereby certify that ~~[illegible]~~ death occurred at 1745 P.m., from the causes and on the date stated above.

SIGNATURE N.V. White (DEGREE OR TITLE) ADDRESS N.V. WHITE LT MC USN MOOD INFIRMARY, USNAS, Patuxent River, Md. DATE SIGNED 5-29-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 4, 1952
NAME OF CEMETERY OR CREMATORY Arlington National Cem.
LOCATION (City, town, or county) (State) Fort Meyer Va.

DATE REC'D BY LOCAL REG. 5/31/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR P.B.Robinson ADDRESS Leonardtown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416-8-51

RECEIVED
JUN 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 115588

CERTIFICATE OF DEATH

Reg. Dist. No. 2 5 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

1. PLACE OF DEATH:
COUNTY: St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Hermansville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hermansville
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED: (Type or Print) (First) Roscoe (Middle) William (Last) Carson

4. DATE OF DEATH: (Month) 5/ (Day) 21 (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Married	11/15/1888	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman	Civ. Service	North Carolina	U.S.A.

13. FATHER'S NAME: Jasper Carson

14. MOTHER'S MAIDEN NAME: Alice Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War 1

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Knox Carson, Carver Hgts. Lexington Park, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar Pneumonia	3 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) General Paresis	5 years
DUE TO		
	(c)	

490X
(025X)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Sept. 1, 19 52 to May 21 19 52, that I last saw the deceased alive on May 21, 1952, and that death occurred at 11:15 P.m., from the causes and on the date stated above.

SIGNATURE: Wm. H. Patrick (DEGREE OR TITLE) M.D. ADDRESS: Lexington Park Md. DATE SIGNED: 5-22-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/25/52	Sunset Cemetery	Ashville, N.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/24/52	[illegible]	P.B.Robinson	Leonardtown, Md.

RECEIVED
MAY 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 015589

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N.Y. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New York, City
STREET ADDRESS (If rural, give location) 103 W. 141st Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day)	(Year)
Mary	Emma	Clark	5/18	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	Widow	1878	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Domestic	Housewife	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Morris Edwards	Fannie Jenifer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	212-12-6854	Geniveve Clark 103 W. 141st Street New York, N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Uremia.	2-3 weeks.
3314 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Cerebral Hemorrhage	10/1/51
	DUE TO (c)	Chronic Hypertension.	Several yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1951, to 5/18, 1952, that I last saw the deceased alive on 5/17, 1952, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE Robert J. Funke, M.D. (DEGREE OR TITLE) ADDRESS Leonardtown, Md. DATE SIGNED 5/20/52.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/21/52	St. John's Cemetery	Hollywood, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/20/52	Frank A. Smalley, M.D.	P.B.Robinson,	Leonardtown, Maryland.

VS/A 1-51

RECEIVED
MAY 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

COUNTY St Mary's MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown

LENGTH OF STAY (in this place) 1 Month

HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY St Mary's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bushwood

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mildred (Middle) B. (Last) Ellerbrook

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 26 1892

9. AGE last birthday: 60 yrs. (IF UNDER 1 YEAR: Months — Days 17; IF UNDER 24 HRS.: Hours — Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Keeps house

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Mary's Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Chester Purcell

14. MOTHER'S MAIDEN NAME: Ida Bohman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: George Ellerbrook

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

443X

DUE TO

Antecedent cause(s) (b) Gen. hypertensive - cardiovascular dis. 8 yrs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Uremia

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to May, 1952, that I last saw the deceased alive on May 11, 1952, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

SIGNATURE Roy Guyther, MD (DEGREE OR TITLE) ADDRESS Mechanicsville DATE SIGNED 5/12

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF May-14-1952 — NAME OF CEMETERY OR CREMATORY All Saints — LOCATION (City, town, or county) Oakley St Mary's (State) Md

DATE REC'D BY LOCAL REG. 5-13-52 — REGISTRAR'S SIGNATURE P.G. Bean, MD. Local Registrar

24. FUNERAL DIRECTOR Joe C. Mattingley — ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 16 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS Ans

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH — COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakley
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frances	Leo	Farrell	5/	6/	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Single	12/17/1938	13 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
school child		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert J. Farrell	Estell M. Lathroun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no ----	------	Robert Lathroun - Oakley, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Aplastic anemia — 8 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 284.9

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan 1, 1951 to May 6, 1952, that I last saw the deceased alive on May 6, 1952, and that death occurred at 1:35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Roy Luther M.D.	Mechanicsville Md	5, 7, 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)
Burial	5/8/52	Sacred Heart Cemetery	Bushwood, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-7-52	Lamarr	P.B. Robinson	Leonardtown, Md.

cmc

RECEIVED
MAY 12 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN California
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Josephine (Middle) -- (Last) Fleckenstein
4. DATE OF DEATH (Month) 5 (Day) 6 (Year) 1952
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 6/15/1896
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Brooklyn, New York
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Valetine Dilzer
14. MOTHER'S MAIDEN NAME Mary Schnieder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) -----
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS William Fleckenstein- California, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	1 day
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe secondary anaemia

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While at work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 4/1, 1952, to 5/1, 1952, that I last saw the deceased alive on 5/1, 1952, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Lexington Park Md 5/7/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/9/52
NAME OF CEMETERY OR CREMATORY St. Michaels Cemetery
LOCATION (City, town, or county) (State) Ridge, Maryland
DATE REC'D BY LOCAL REG. 5/7/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS P.B. Robinson --Leonardtown, Md.

RECEIVED
MAY 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 93 281

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Doylestown
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River — LENGTH OF STAY (in this place) 10 hr 55 min	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Doylestown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, U.S. Naval Air Station	STREET ADDRESS (If rural, give location) 23 Donaldson Street

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) BOY (Last) HALL

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	Single	May 7 1952	yrs.			10	55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
infant	infant	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Elwood HALL	Betina Barbara BUTLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no			U.S. Navy Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Immaturity	
	DUE TO		10 hours
Antecedent cause(s)	(b)	Prematurity	55 minutes
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO		
	(c)		

77 ex

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased ~~from 10 to 19~~, that I last saw the deceased alive on May 7 1952, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

SIGNATURE H.J. Sullivan (DEGREE OR TITLE) ADDRESS DATE SIGNED

H.J. SULLIVAN CDR MC USN USNAS Patuxent River, Md. May 7, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 9/52	Ebenezer Cemetery	St. Marys County	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 8/52	P J Bean MD Local Registrar	Elwood Hall	Patuxent River Md

2052381230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

RECEIVED
MAY 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY St Mary's

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Leonardtown

LENGTH OF STAY (in this place) MARYLAND 24 hours

HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY St Marys

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Infant (Middle) (Last) Hammett

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 10-1952

9. AGE last birthday: ____ yrs. IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HRS.: Hours 24 Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James R. Hammett

14. MOTHER'S MAIDEN NAME: Sarah Hayden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: James R. Hammett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Respiratory Failure — Interval Between Onset and Death: 4 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Premature — 12 hrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 1952, to 5/10, 1952, that I last saw the deceased alive on 5/10, 1952, and that death occurred at 7.10 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Wm D Boyd MD Leonardtown 5/13/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 10-52

NAME OF CEMETERY OR CREMATORY St Aloysius

LOCATION (City, town, or county) (State) Leonardtown St Marys Md

DATE REC'D BY LOCAL REG. 5/10/52

REGISTRAR'S SIGNATURE Clements

24. FUNERAL DIRECTOR ADDRESS

Jos C. Mattingly Leonardtown Md

2052-307281

RECEIVED
MAY 19 19
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 284

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Mechanicsville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Lula (Middle) Sarah (Last) Harper

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 31, 1874

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Harris

14. MOTHER'S MAIDEN NAME: Annie Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Lula M. Harper - Mechanicsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemorrhage	8 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Gen. arterio sclerotic C V disease	6 yrs
	DUE TO (c)		

422.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cachexia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1949, to May 16 1952, that I last saw the deceased alive on May 14, 1952, and that death occurred at 7:10 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Roy Gentry Jr., M.D. ADDRESS Mechanicsville DATE SIGNED 5/16/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF May 20, 1952 — NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery — LOCATION (City, town, or county) Morganza, (State) Md.

DATE REC'D BY LOCAL REG. 5-23-52 — REGISTRAR'S SIGNATURE Frank A. Canter, M.D. Eleanor Canter

24. FUNERAL DIRECTOR P.B. Robinson — ADDRESS Leonardtown, Md.

RECEIVED
MAY 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2 8 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the cause of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY: St. Mary's — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown

LENGTH OF STAY (in this place): 10 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: St. Mary's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mechanicsville

STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Linda (Last) Holt

4. DATE OF DEATH: (Month) 5/ (Day) 22 (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	Colored	Widowed	1882	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.

13. FATHER'S NAME: Judson Holt

14. MOTHER'S MAIDEN NAME: Elizabeth Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
		Stewart Frazier — 1209 W. Mulberry Baltimore 23, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary Tuberculosis — DUE TO — Interval between onset and death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO

(c)

00 2X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

22. I hereby certify that I attended the deceased from Mar., 19 52, to May 22 19 52, that I last saw the deceased alive on May 21, 19 52 and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J Roy Smythe, M.D. ADDRESS Mechanicsville DATE SIGNED 5/22/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/24/52	St. Joseph's Cemetery	Morganza, Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/24/52		P.B.Robinson	Leonardtown, Md.

RECEIVED
MAY 26 1952
BUREAU V.

97

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 287

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakville
STREET ADDRESS (If rural, give location) Michaiasville R F D #1

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Wilmette (Last) Knight

4. DATE OF DEATH (Month) May (Day) 26 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mch 2-1926
9. AGE last birthday 26 yrs. If under 1 year Months 2 Days 23 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver
10b. KIND OF BUSINESS OR INDUSTRY Dairy
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank M. Knight
14. MOTHER'S MAIDEN NAME Kathlen Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Navy 6-13-44 to 6-16-46
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Esther Vern Knight

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

850.X Immediate cause (a) Asphyxia due to drowning — INTERVAL BETWEEN ONSET AND DEATH: medicine

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Patuxent River
(CITY OR TOWN) Half Tone Point (COUNTY) St. Marys (STATE) Md
TIME OF INJURY (Month) 5 (Day) 26 (Year) 52 (Hour) 1030 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell from canoe while fishing

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) [illegible] ADDRESS Leonardtown, Md DATE SIGNED 5/28/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 30-1952
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) Holly Wood (State) Md

DATE REC'D BY LOCAL REG. 5-28-52
REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 · 38

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY St. Marys — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River

LENGTH OF STAY (in this place) 2 days 5 hrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, U.S. Naval Air Station, Patuxent River, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Mass. COUNTY Worchester

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worchester

STREET ADDRESS (If rural, give location) 40 Oxford Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Powell (Last) McNEELY

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Caucasian	Single	26 May 1952	yrs.		2	5	24

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Infant	Infant	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Dalmus Eugene McNEELY	LATOUR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		U.S. Navy Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Atelectasis	
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Prematurity	2 days 5 hours
	DUE TO (c) Premature seperation of placenta	24 minutes

761.5

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 5-26, 1952, to 5-28, 1952, that I last saw the deceased alive on 5-28, 1952, and that death occurred at 10:20 P.m., from the causes and on the date stated above.

SIGNATURE W. M. Irving (DEGREE OR TITLE) W.M. IRVING LT MC USNR ADDRESS U.S. NAVAL AIR STATION, PATUXENT RIVER, MARYLAND DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	5-30-1952	St. Aloysius	Leonardtown Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/30/52	[illegible]	C.B. Robertson	Leonardtown, Md.

2052222322

RECEIVED
JUN 2 1952
BUREAU V. S.

Item 21 Film G142 5-20-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ST. MARYS; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONARDTOWN; LENGTH OF STAY (in this place) 1 WK; HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. MARYS HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY ST.MARYS; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHAPTICO; STREET ADDRESS (If rural, give location) RURAL

3. NAME OF DECEASED (Type or Print): (First) VIRGINIA (Middle) SARGEANT (Last) REEVES

4. DATE OF DEATH: (Month) 5 (Day) 2 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 9/08/1906

9. AGE last birthday: 45 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: THADDEUS B. SARGEANT

14. MOTHER'S MAIDEN NAME: FRANCES PAIGE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: -------

17. INFORMANT AND ADDRESS: S.SPRIGG REEVES - CHAPTICO, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Embolism — Interval Between Onset and Death: 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Rupt... (obstr.) Renal stent d... (from operation negative) Multiple fract... (auto accident) — 1 day

(c) Contusion Compound fracture

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: [illegible]

(CITY OR TOWN) (COUNTY) (STATE): Between Helen & Maryland, h...

TIME OF INJURY (Month) (Day) (Year) (Hour): 5-2-52 6.30P m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? collision with a culvert.

22. I hereby certify that I attended the deceased from April 23, 1952 to May 2, 1952, that I last saw the deceased alive on May 2, 1952 and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE: Wm. I Boggs (Degree or title) MD ADDRESS Leonardtown DATE SIGNED 5/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 5/4/52

NAME OF CEMETERY OR CREMATORY: CHRIST EPISCOPAL CEMETERY

LOCATION (City, town, or county) (State): CHAPTICO, MARYLAND

DATE REC'D BY LOCAL REG. 5/3/52

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: P.B. ROBINSON

ADDRESS: LEONARDTOWN, MARYLAND.

VS. A15

RECEIVED
MAY 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5600

CERTIFICATE OF DEATH

Reg. Dist. No. 2 8 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St. Mary's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall - Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Charles	—	Somerville	5	18	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	Colored	Married	Jan. 2, 1886	66 Yrs.	4	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	St. Mary's Co. Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Somerville	Mary Elizabeth Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
—	220-16-4613	Margaret M. Somerville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arterio sclerotic Valvular Disease	
DUE TO		
	(c)	

421.4

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Aug. ..., 1951, to 5-18 ..., 1952, that I last saw the deceased alive on 5-2 ..., 1952, and that death occurred at 1.30 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Robert J. Mihadean,	M. D.		May 19, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 21, 1952	St. James	St. Mary's Co.	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/14/52	Canalier	Jos. C. Mattingley	Leonardtown Md

VS. A15 8-51

RECEIVED
MAY 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05601

CERTIFICATE OF DEATH

Reg. Dist. No. 241

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Patuxent River
LENGTH OF STAY (in this place): 1 hr. 47 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: North Carolina — COUNTY: Cleveland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Shelby
STREET ADDRESS (If rural, give location): Route #2 ✓

3. NAME OF DECEASED: (Type or Print) (First) BABY GIRL (Middle) (Last) YATES

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1952

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5 May 1952

9. AGE last birthday: ✓ yrs.
IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 1 — Min. 47

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elbert (n) YATES

14. MOTHER'S MAIDEN NAME: STRONG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: U.S. Navy Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Premature

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Immaturity

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: one hour 47 minutes

776x

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Infirmary — (CITY OR TOWN): Patuxent River — (COUNTY): St. Marys — (STATE): Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 May, 19 52, to 6 May, 19 52, that I last saw the deceased alive on 6 May, 19 52, and that death occurred at 1:37 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

W.M. Irving — W.M. IRVING LT MC USNR — Patuxent River, Md — 6 May 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	5-8-52	Zion Fair Cemetery	Hermanville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
5-6-52	P.J. Beane M.D. Local Registrar	Elbert (n) Yates, Patuxent River

20522432

VS. A15 8-51

RECEIVED
MAY 9 1952
BUREAU V. S.